



U.S. Small Business Administration Management Training Report

OMB Approval No.:3245-0324

Expiration Date: 11/30/2009

Location Code:

Initials of Data Inputter:

1. Name of Office Providing the Service: _____ City/ State _____

2. Organization <input type="checkbox"/> SBDC <input type="checkbox"/> WBC <input type="checkbox"/> SBA District Office <input type="checkbox"/> SCORE, Chapter No. _____ <input type="checkbox"/> Other (specify) _____		3. Date Training Started (m/d/y)	4. No. of Sessions	5. Total Hours of Training																					
6. Title of Training		7. Location of Training City _____ State _____ Zip _____																							
8. Total Number Trained _____ ____ Currently in Business _____ Total Veterans ____ Not Yet in Business _____ Service-Disabled Veterans ____ People with Disabilities _____ Members of Reserve or National Guard ____ Women (please complete to the extent information is available)		9. Total Number of Minorities Trained _____ Race ____ Asians ____ Blacks or Africans Americans ____ Native Americans or Alaskan Natives ____ Native Hawaiians or other Pacific Islanders ____ White Ethnicity ____ Hispanic Origin ____ Not of Hispanic Origin																							
10. Training Topic (check primary topic) <table border="0"><tr><td><input type="checkbox"/> Business Start-up/Preplanning</td><td><input type="checkbox"/> Business Accounting/Budget</td><td><input type="checkbox"/> Technology/Computers</td></tr><tr><td><input type="checkbox"/> Business Plan</td><td><input type="checkbox"/> Cash Flow Management</td><td><input type="checkbox"/> eCommerce</td></tr><tr><td><input type="checkbox"/> Business Financing/Capital Sources</td><td><input type="checkbox"/> Tax Planning</td><td><input type="checkbox"/> Legal Issues</td></tr><tr><td><input type="checkbox"/> Managing a Business</td><td><input type="checkbox"/> Marketing/Sales</td><td><input type="checkbox"/> International Trade</td></tr><tr><td><input type="checkbox"/> Human Resources/Managing Employees</td><td><input type="checkbox"/> Government Contracting</td><td><input type="checkbox"/> Other (Specify) _____</td></tr><tr><td><input type="checkbox"/> Customer Relations</td><td><input type="checkbox"/> Franchising</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Buy/Sell Business</td><td></td></tr></table>					<input type="checkbox"/> Business Start-up/Preplanning	<input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> Technology/Computers	<input type="checkbox"/> Business Plan	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> eCommerce	<input type="checkbox"/> Business Financing/Capital Sources	<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> International Trade	<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> Government Contracting	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Franchising			<input type="checkbox"/> Buy/Sell Business	
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11. Resource Partners Participating (check all that apply) <table border="0"><tr><td><input type="checkbox"/> SCORE</td><td><input type="checkbox"/> Trade Or Professional Assoc.</td><td><input type="checkbox"/> Other Govt. Agency (specify) _____</td></tr><tr><td><input type="checkbox"/> SBDC</td><td><input type="checkbox"/> For-Profit Organization</td><td></td></tr><tr><td><input type="checkbox"/> Women's Business Center</td><td><input type="checkbox"/> Online Training Resource</td><td></td></tr><tr><td><input type="checkbox"/> VBOC</td><td><input type="checkbox"/> SBA District Office</td><td></td></tr><tr><td><input type="checkbox"/> Educational Institution</td><td><input type="checkbox"/> Native American Center</td><td><input type="checkbox"/> Other (specify) _____</td></tr><tr><td><input type="checkbox"/> Chamber Of Commerce</td><td><input type="checkbox"/> SBA (specify office) _____</td><td></td></tr></table>					<input type="checkbox"/> SCORE	<input type="checkbox"/> Trade Or Professional Assoc.	<input type="checkbox"/> Other Govt. Agency (specify) _____	<input type="checkbox"/> SBDC	<input type="checkbox"/> For-Profit Organization		<input type="checkbox"/> Women's Business Center	<input type="checkbox"/> Online Training Resource		<input type="checkbox"/> VBOC	<input type="checkbox"/> SBA District Office		<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Native American Center	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Chamber Of Commerce	<input type="checkbox"/> SBA (specify office) _____				
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12. Program Format (check only one) <input type="checkbox"/> Seminar (short-term training on business-related subjects that is conducted as a single, stand alone program) <input type="checkbox"/> Course (more formal structured training on business-related subjects that may be conducted over a number of sessions) <input type="checkbox"/> Online Course (a formal structured training delivered via the Internet) <input type="checkbox"/> Teleconference (any training delivered via electronic communications, except Online Course)																									
13. Attendee Fee Full Fee _____ x \$ _____ = \$ _____ (no. of attendees) (fee per attendee) Discounted Fee _____ x \$ _____ = \$ _____ No Fee _____ x \$ 0 = \$ 0 No Show Income _____ x \$ _____ = \$ _____ Other Income _____ = \$ _____ 14. Total Gross Fee Income \$ _____		15. What is the dollar amount of fees that your organization received? 16. Language(s) Used <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____																							
17. Name of Sponsor																									
18. Name of Co-sponsors (if applicable) _____ _____																									